

NFS Express Newsletter

MARCH 2011

VA CENTRAL OFFICE, NUTRITION & FOOD SERVICES
810 VERMONT AVENUE NW
WASHINGTON D.C. 20420

News from Central Office



On our December NFS/VCS National Conference Call Nutrition and Food Services' new logo was unveiled. This new logo, seen below, depicts who and what we are. It ties in well with several of the twelve principles of our New Model of Nutrition Care outlined by Ellen Bosley, National Director, NFS in Central Office to the field on our January 2011 national conference call.

The circular design of the logo represents a holistic approach to health and well-being with 5 main elements.

1. The knife and fork in the center represents dining and meal service and food service systems that focus on patient centered care in an enhanced dining environment.
2. The wheat symbol represents healthier eating, including more plant-based foods and reminds us to always be vigilant of food safety.
3. The deoxyribonucleic acid (DNA) double helix structure represents an evidence-based scientific approach to nutrition therapy and the importance of advancing medical nutrition therapy practices.
4. The active figure represents the important role of physical activity and exercise along with healthy eating in the wellness model and the VA's team approach to patient care.
5. The American flag is featured to remind us of who we serve: Veterans, their families and caregivers.

We encourage you to proudly display this logo on your emails, materials, and slides. We congratulate Carol Ceresa, Clinical Nutrition Manager at the San Francisco VAMC for submitting the award winning logo.

Nancy Keller
Program Manager, N&FS, Central Office



Growing with the Nutrition Care Process: A Road Worth Travelling

Implementation of the Nutrition Care Process can be overwhelming for most Nutrition and Food Services. The process of full implementation can take several years to master. The Nutrition Care Process (NCP) is itself, a **Process**. Frequent adjustments, ongoing training, and peer discussion are needed to successfully implement the process. At the James A. Haley VA Hospital (JAHVAH), implementing NCP has been a rewarding and career building experience for the dietitians.

The following article describes the implementation process for NCP and the building experiences it has afforded Clinical Dietitians. The process to implement NCP started in 2004 as informal staff discussions that led to a core group of dietitians who began writing PES (problem, etiology and signs/symptoms) statements in their notes. This process evolved into entire staff training and the inclusion of standardized language into the electronic medical record templates by 2008. By March 2009, 70% of staff was using 4 steps of NCP and 100% of staff was using 3 steps of NCP. The most difficult step to implement was the Evaluation Step. During all phases of implementation, NCP "lunch and learns" were provided monthly where RDs volunteered to present patients to peers and offer feedback on the entire NCP process. The NCP "lunch and learns" were so popular that staff requested more frequent meetings to provide consistency and accuracy with note writing and patient care. The popularity even extended to local hospitals that have very few Registered Dietitians (RDs) in a facility – conference calls or in person attendance was welcomed. All patient information was de-identified and confidential.

Prior to implementing the NCP sessions, monthly staff meetings were geared toward typical department business rarely discussing individual patients or daily dilemmas that RDs encounter while providing nutrition care. Once frequent NCP meetings were instituted, RDs realized they benefited greatly from peer feedback and assistance that eventually expanded RD skills and knowledge base. Regularly scheduled peer meetings presented a plethora of clinical questions on cutting edge research and practice guidelines resulting in multiple presentations during the meetings to improve knowledge base and advance clinical skills. As a result of NCP implementation, RDs on staff have advanced critical thinking skills, obtained advanced practice skills, and increased their ability to critically appraise research for up-to-date nutrition interventions. Current practice at the JAHVAH includes two NCP "lunch and learns" per month, one journal club session per month, and one business staff meeting per month. The ability to grow and advance clinical skills has improved RD confidence, job satisfaction, and the desire to share with local RDs who may not have the same opportunities. Table 1 (page 3) provides a summary of Career Building experiences initiated from NCP sessions.

In summary, implementation of the NCP has provided:

- Improved patient care
- Improved RD confidence
- Improved marketing skills (as the RD learns more so does the medical team members)
- Advanced practice skills
- Improved ability to critically appraise literature
- Improved training for dietetic interns
- Improved job satisfaction

NCP may be a long journey with a number of bends and curves for your facility but we suggest that it is a road worth travelling.

Submitted by Sherri Lewis, RD, LD/N
Chief, Clinical Nutrition Section at
James A. Haley VA Hospital in Tampa, FL

Table 1.

Presentations/Resources Generated from NCP Sessions in the past 16 months
Training on Waist Circumference Measurements and Techniques
Training on the use of Bioelectrical Impedance Analysis to measure body fat
Training on the use of the a hand held indirect calorimeter to measure Resting Metabolic Rate
Training on the use of Nutrition Focused Physical Assessment and NCP signs/symptoms
Review of various types of Fiber utilized in Enteral formulations and which patient populations benefit or do not benefit from the various fiber blends.
Updated research review (journal club presentation) of opioid bowel dysfunction
Training on Fluid and Electrolyte Balance
Parenteral Nutrition Associated Liver Disease (journal club presentation)
Complementary and Alternative Medicine Update
B- Vitamins and CHF (journal club presentation)
Training on how to calculate MAP and AVO ₂ d for appropriate enteral infusion initiation
Creation of a photo pocket Atlas of vitamin and mineral deficiency to assist clinicians. The pocket guide provides formulary vitamin/mineral available at JAHVAH and appropriate labs available at JAHVAH.
Presentation on Fructooligosaccharide (FOS)
<p>A team of 6 RDs conducted an Evidence Analysis Project to answer the following question:</p> <p>In adult diabetic patients requiring enteral nutrition, does a diabetes specific formula compared to a standard formula improve glycemic control?</p> <p><i>This project involved each RD reviewing a Randomized Clinical Trial to answer the above question. The 2008 ADA Evidence Analysis Handbook was used as a guide. This process allowed the RDs to gain confidence in critically appraising literature and ability to share up to date practice guidelines with medical teams and dietetic interns.</i></p>

Enteral Access System

Audie L. Murphy VA hospital in San Antonio, Texas has recently acquired a new device to help successfully place enteral feeding tubes. The machine uses computer technology to guide clinicians in placement confirmation of nasoenteric feeding tubes into the alimentary tract by showing the relative location of the feeding tube tip. The tip of the feeding tube stylet is an electromagnetic transmitter. A receiver unit is placed at the patient's Xiphoid process and acquires the signal from the stylet as it moves through the patient during the placement procedure. The track of the tube is shown on the computer monitor with both a 2-D (anterior) and a 3-D (depth cross section) view. The stylet can be reinserted and connected to the device to confirm placement as well. Dietitians and ICU nurses were trained on the machine in November. After successfully placing ten feeding tubes with certified staff, the "difficult to place feeding tube team" was ready to place enteral feeding tubes in the intensive care units. The primary goal is to successfully place enteral feeding tubes when routine placement of a standard enteral feeding tube is difficult or if postpyloric access is desired. With the device the team has attempted 17 feeding tube placements. Only one tube was not successfully placed; however the patient was not cooperative with placement. The team has placed 13 tubes into the small bowel and three tubes were placed into the stomach. The team looks forward to expanding the service to the rest of the hospital once more clinicians are trained on the device.

Submitted by Kendra Glassman MS RD/LD CNSC

Interdisciplinary Group Appointments for Patients with Diabetes

The Prescott VA Medical Center hosted a trial interdisciplinary group appointment with a select number of outpatient diabetics from one provider's panel. The veterans were asked to participate in a three hour long group appointment consisting of multiple "mini" classes provided by Nurses, Diabetes Educators, Pharmacists, Wellness coordinator, Nutrition and Mental Health. There were a total of 4 group appointments, at 6 week intervals.

The patients arrived at the appointment in a fasting state and were provided with a breakfast meal after completing blood work and vitals. The meal was presented in a buffet style with various healthy products being offered. Portion size, nutrition information and health benefits of the various products were discussed as patients served themselves. The nutrition "mini" class later in the session consisted of cooking demos, hands on food preparation, recipe alterations to make home favorites healthier, shopping and label reading.

The last class ended on December 13th, 2010, with the following very positive comments from the participants:

- "I am impressed how you show the class the whole package."
- "Adjusting recipes to be more diabetic friendly and the little cookbook has been very useful."
- "Thank you all, I have enjoyed these sessions very much."
- "Everything I have learned in this class has been helpful. I know what to do about keeping myself physically fit, weight down and keeping healthy."
- "Learning to keep (my) sugar level to a certain level by exercise, eating habits..."

The teams overall success was reflected in the answer to the final question, which asked: What is the most important thing you feel you are taking away from our time together? One Veteran replied, "That you care!"

In January 2011, the clinical data was analyzed for the previous 24 week pilot. Low density lipoprotein cholesterol decreased by 14% on average, one as high as a 53% decrease. Glycosylated hemoglobin and weight remained stable. However blood pressures were noted to have a significant improvement over the study period. This successful collaboration between healthcare professionals resulted in evidence based, enhanced veteran-centered care. A second pilot is planned for March 2011, focusing on women veterans with diabetic health challenges.

Submitted by Denise Perry RD, NAVAHCs

Teaching Veterans How to Cook Healthy

(Butler, PA) – Rachael Ray may teach 30 minute meals, but VA Dietitian Rachelle Lyons is teaching how to cook smart. VA Butler Healthcare is part of a pilot VA national healthy teaching initiative to educate Veterans on how to eat smarter.

“We plan on monthly demonstrations,” said Tim Evanoff, Program Manager. “We purchased a ‘nutrition kitchen’, which is a portable demonstration kitchen with cookers, stove top and sink.” The ‘nutrition kitchen’ allows the dietitian to provide a real world cooking education. The kitchen is also able to be packed up and travel to the various outpatient clinics, community living center and domiciliary.

“We discovered that many Veterans aren’t eating healthy and don’t even realize it,” said Evanoff. “This monthly demonstration teaches those basic life skills in food preparation, and how to shop and eat healthier. The food is delicious too.”

Rachelle provided demonstrations on how to cook healthy alternative recipes for a low-fat and low-sodium pork roast, low-fat green bean casserole, scallop potatoes, and a pudding dessert.

“We are very fortunate to have Rachelle here,” said Evanoff. “Not only is she a great dietitian, but a professionally trained culinary expert.” Rachelle attended the Academy of Culinary Arts in Indiana and Indiana University of Pennsylvania earning a degree in dietetics. “The event went really well and everyone was very involved,” said Rachelle. “I think everyone learned a lot, but the one thing that everyone can do immediately (to live a healthier lifestyle) is watch their portion sizes.”

Army Veteran Stanley Dash, 70, was very interested in the program. “I went to a restaurant recently and didn’t realize how many calories there were in the meal. I am 70 and want to stay healthy. The recipes they showed us today were really simple and tasted great.” The healthy eating initiative is part of the VA’s weight management program called *MOVE!* Over 77 percent of America’s Veterans are overweight or obese. These unhealthy lifestyles are creating significant health risks and promoting healthier eating will reduce VA healthcare costs and improve our Veteran’s quality of life.

“It is about healthy lifestyle changes as well as weight management,” said Laurie Conti, physical therapist and *MOVE!* program coordinator. “We have approximately 250 patients go through our programs each quarter and we are still growing.”

Submitted by Tim Evanoff, Butler PA, Program Manager, NFS



Northport VAMC Walk and Talk Program

1. Describe your program and the population it serves.

Since 74% of Veterans coming to VA Medical Centers across the country are overweight or obese, VA's MOVE! (Managing Overweight Veterans Everywhere) Program is helping our Veterans live longer, healthier lives.

Northport VA Medical Center's **Walk and Talk Program**, a component of the MOVE! Program, assists Veterans in reaching their nutrition and weight goals by incorporating into their schedules a regular walking plan, as well as educational forums, where they can ask weight, diet, and exercise questions of clinicians.

The **Walk and Talk Program** is led by VA registered dietitians, dietetic technicians and exercise physiologists.

Veterans enrolled in the program track laps walked using tokens and report their lap counts at the end of each session.

Enrolled veterans are positive and supportive of their peers in the program, which builds their self-esteem and self-respect.

2. How are the *Physical Activity Guidelines for Americans* incorporated into the program?

The Physical Activity Guidelines for American Adults encourages two hours and 30 minutes a week of moderately intense activity. For older and disabled adults, the recommendation is to be as physically active as their abilities allow.

Northport's **Walk and Talk Program** formally meets three times a week for 60 minutes and encourages independent scheduled activity between formal sessions.



Submitted by Margaret Rogan
Northport VAMC

Research Results: Determinants of Nutrition Appointment Attendance among Male Veterans

Background: In the outpatient setting, we are all too aware of the impact that no-shows have on patient care. No-shows impede clinic workflow (1), increase wait times, reduce productivity (2) and limit opportunity for interventions on nutrition related diseases. Our time is valuable. And now more than ever with the debut of PACT and the new performance measure of reducing no-shows to 10%, we need to look at ways to improve access to care and better serve our Veterans.

As an outpatient dietitian working at the James A. Haley VA in Tampa, FL, I saw the need to better understand the "no-show" phenomenon. While pursuing my MS in Public Health, I decided to conduct my thesis research on nutrition appointment attendance. At the time that I wrote the research proposal, nearly 1 in 4 Veterans failed to keep their appointment. Although attendance rates have since improved to 17% (at conclusion of Fiscal Year 2010), no-shows continue to be an obstacle to providing optimal nutritional care to Veterans in the Ambulatory Care Setting.

Need for Study: Understanding factors that affect nutrition appointment attendance will provide valuable information to better meet the needs of our patient population while improving access and efficiency of nutrition services. Past studies have identified demographic and social factors associated with outpatient appointment attendance, however very few studies have looked at nutrition appointments.

Objective: This study sought to answer the following research questions:

What reasons do Veterans report for non-attendance for individual nutrition appointments?

Which factors are correlated with appointment non-attendance?

Design: The study used interviews and surveys to answer the research questions. Seventeen interview participants were chosen to represent appointment attendees (8 individuals) and non-attendees (9 individuals). The interviews asked patients to identify the reason they missed (or attended) their appointment and included other questions about the scheduling and referral process, wait time, appointment expectations, feelings about seeing the dietitian, who influenced decision to attend, travel, and basic demographics.

The survey included 48 variables, including items such as demographics, cost, travel and parking difficulty, past attendance history, social support, support from health care provider, patient perception of RD as an expert, perceived importance of the nutrition appointment, satisfaction with the appointment, perceived health status, and preferred appointment day and time. Of the 654 surveys that were mailed, 349 were returned, (53.5% response rate). Respondents included 267 attendees and 82 non-attendees.

Analysis: Interviews were analyzed by recording interviews and transcribing key quotes at the conclusion of each interview. Similar quotes and themes were grouped together to determine common variables and trends. Surveys were analyzed with descriptive statistics, chi-square and Fisher's exact tests, t-tests, and binary logistic regression.

Results: Interviews revealed common themes that were reported as reasons for missing nutrition appointments. These themes are listed below with illustrative quotes from interview participants:

Travel difficulty, "I share a vehicle and I live about 20 miles away, it's hard for me to get there if I don't have a vehicle." And "everybody gets lost...it's a given that you are dealing with this miasma, you arrive a half hour early to figure it out...."

Forgetting the appointment, "Sometimes I flat out forget."

Competing demands "Let's suppose I've been scheduled for an appointment at Tuesday at 11:00, and I have a job. I would have to decide for myself will I give up the income to attend the appointment. I don't have the opportunity to make money like young kids do. So if it comes down to it, I'll earn the money."

Scheduling difficulty "The VA sets an appointment and doesn't contact us...for example I get assigned appointments without my input. Maybe afternoon appointments are better for me, but I get stuck with morning appointments. "

Knowledge not new or useful "You know, if I thought I was going to get something out of it that I didn't have before I went there....I feel like, you know, like you can probably get all that information in one good sitting instead of having to get one piece at a time or something. I don't think they know all that much. I mean they tell you to reduce your calories and your salt. I mean, I guess they could recommend things to eat and things not to eat..."

Continued.....

Lack of provider support "I'm under the assumption the doctor wants me to go- because I get these appointment reminders in the mail."

Survey results included the following respondent demographics: seventy-two percent were unemployed or retired, 47% reported income of < \$25,000 per year, 38% reported their health as fair or poor, Mean BMI 30.4 (14.6-55.5), 30% completed high school, 43% attended some college, 21% college or beyond 57% were married, 49% did not have insurance outside of the VA system, and 50% received VA disability.

The "first run" of the analysis compared attendees to non-attendees and showed significant relationships between appointment keeping and many variables: past nutrition appointment attendance, non-VA insurance, health status, income, BMI, forgetting, satisfaction, perceived importance, understanding of scheduling system, RD knowledge, family support, how referred, reminders, input to appointment time, travel, weather, difficulty with transportation, family care, feeling well, cost, parking time, and preferred day. The "second run" of the analysis used regression and controlled for variables such as age, income level, and other demographics. This phase of the analysis suggested that only perceived family support, past attendance history, health status, and BMI remained correlated with appointment keeping while controlling for other factors.

Conclusions and Implications: In practice, we know that daily challenges such as parking, cost of travel, and taking care of family members keep our patients from attending. However, I am hopeful that the statistical analysis of more than 300 surveys will inform evidenced based decision making in Tampa and beyond. The key take-away from the statistical analysis was that those with lower perceived levels of family support, no previous history of attending, poorer health status and a lower BMI were more likely to have failed to attend their nutrition appointment.

What do we do next with this information? In Tampa, as we work towards integrating into the PACT model, we are initiating a systems redesign project. We hope to use these findings in our decision making process as we revise clinics and approach outpatient care in new ways. I believe these research findings give backing to the hunch that our greatest challenge is getting patients in the door. Once we establish rapport with them, they are more likely to return. Who is most likely to miss appointments? Those with poorer health and limited social support. These are the people we should focus on to reduce no-shows. With input from the primary care team, we can seek to identify these individuals early on. Rather than sending a unwell Veteran home, only to have to return at a later date for another appointment, perhaps can we "grab them at the door" as walk-ins during open access.

Recommendations for Future Research: While I am excited to share this project, future research is needed to validate these findings and deepen our understanding of nutrition appointment attendance within the VA. In future studies, women and younger Veterans need to be better represented. Women should be interviewed and the survey instrument revised. To better capture these populations a web-based survey should be considered.

References:

1. Lacy, N.L., Paulman, A., Reuter, M.D., & Lovejoy, B. (2004). Why we don't come: Patient perceptions on no-shows. *Annals of Family Medicine*, 2(6), 541-545.
2. Hardy, K.J., O'Brien, S.V., & Furlong, N.J. (2001). Information given to patients before appointments and its effect on non-attendance rate. *British Medical Journal*, 323, 1298-1299.

Acknowledgement: This material is based upon work supported by the Office of Research and Development, Department of Veterans Affairs.

Note: for more information regarding background, study design, and analysis, I am happy to share a more detailed summary.

Submitted by
 Claire F. Bell, MSPH, RD
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 James A. Haley, Tampa, VAMC

MOVE! Success in Central Texas

Bryan-College Station, a Community Based Outpatient Clinic (CBOC) of Central Texas Veterans Health Care System (CTVHCS), has a very active MOVE! support group. The class began meeting in February 2006 and has continued to meet monthly for over four years, as a shared medical appointment, with Dr. Leah Tindall, MD, Jennifer Spacek, RN, and Sandra Smithwick, RD, CDE. To date Bryan-College Station CBOC has had 197 New Patients and the total patient visits are 2572. The group's monthly meeting varies between topical classes, group sharing, discussion and field trips.

One of the annual field trips is a walk in the park each April. The staff members transport the clinic scale to a local park and weigh everyone at the park pavilion. Three walking groups form according to speed and distance the Veterans can walk. One staff member accompanies each group. The Veterans with canes and walkers participate and are very proud of their fifty yard slow walk.

On November 18, 2009, the group did a mall walk at College Station's Post Oak Mall for exercise and to promote the program in the local community. The fifty nine Veterans who enrolled for the walk had lost seven hundred thirty nine pounds (corporately) since they enrolled in the MOVE! shared medical appointment.

Other field trips though the years include tours of grocery stores and a local hospital wellness center.

In November 2010, the group fulfilled a dream of theirs when they got to go to a local fitness center for a free one hour water aerobics class. Representatives from the fitness center came to speak to the MOVE! class in August 2010. The fitness center has an Olympic-sized pool and offers many water classes. Some of the Veterans inquired about a free sample class, and the manager agreed. On November 15, 2010, the free class was offered, with thirty two Veterans coming to "check it out" and thirty Veterans and three VA staff members participating in the hour long water aerobics class. Many of the Veterans said they had not been in a pool in over thirty years and they loved it! The fitness center offered the Veterans a reduced membership for those who wished to join after the free class.

The group also does an annual Christmas party called a Healthy Potluck. Everyone prepares and brings a recipe of a food they enjoy that qualifies as "healthy." The Veterans write down their recipes, so that copies can be made and shared.

The Bryan-College Station MOVE shared medical appointment staff provides a variety of different class topics, games and field trips. The Veterans in the group enjoy the variety of experiences. At each class, Veterans state their class goal (out loud "military style"): "no gainers!" and their individual goal: "3-4 pounds per month!"

Submitted by Sandra Smithwick, RD, CDE
Outpatient Dietitian
Central Texas Veterans Health Care System
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Medical Center Serves First Birthday Meal

The Jack C. Montgomery VA Medical Center served the first Birthday Meal on Jan. 4 to Veteran Howard Shivers.

In January 2011, the medical center began a new initiative to provide inpatient Veterans with a special meal and birthday card on their birthday.

"It is really important to not let a special day like this go unrecognized," said Bryan Matthews, associate medical center director. "This is one more way for us to provide the excellence our Veterans deserve."

On their birthday, inpatients have the option of choosing between two main entrees.

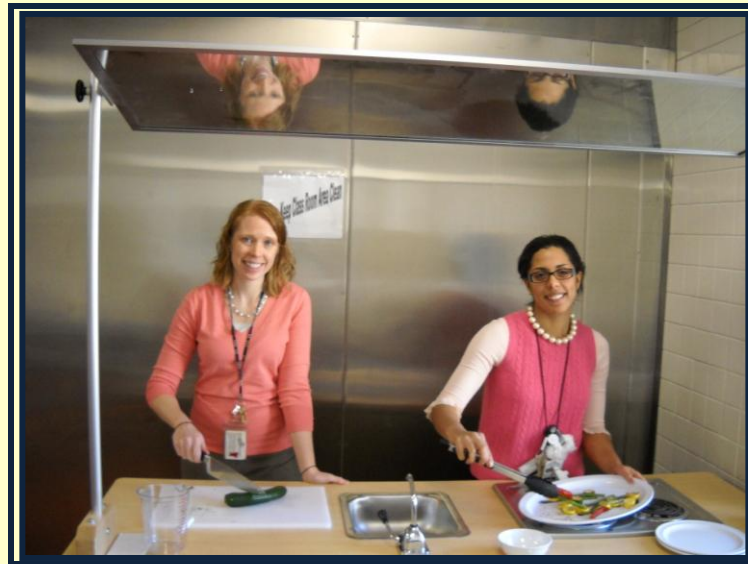
Entrée one will consist of fried butterfly shrimp with steamed broccoli, wild rice, a cheddar biscuit, tomato, cucumber and onion salad, and chocolate lava cake for dessert.

Entrée two will consist of a 12-ounce T-bone steak, sautéed mushrooms, steamed carrots and broccoli, tossed salad with ranch dressing, a dinner roll, baked potato, and strawberry cheesecake for dessert.

Inpatients will have the option of selecting different side options and dessert from each main entrée.

Submitted by Samuel Sisley
Jack C. Montgomery VA Medical Center
Muskogee, OR

VA Memphis Cooks



Demonstration kitchens have become one of the hot new areas of dietetic practice. The Memphis VA Medical Center has initiated our hands-on cooking class, VA Memphis Cooks! in November of 2010 in conjunction with the Healthy Teaching Kitchens project. Our program consists of eight class sessions and is open to any veteran and their family. We began recruitment for our program by holding promotional holiday sessions titled "Healthy Thanksgiving Leftovers" and "Christmas Delights". These sessions were a big hit with at least 15 participants at each session. We later opened these sessions to staff to help encourage referrals from providers. Recipes conducted included Kale with Leeks, Leftover-Turkey Soup and Ginger Sweet Potato Toss. Participants were invited to sample each recipe cooked on our mobile kitchen unit.

Since January we have begun our smaller sessions which are designed to be more hands on. The goal of our program is to get veterans to prepare more meals at home in an effort to decrease sodium, fat and sugar intake. Each class begins with a brief nutrition lesson followed by preparing a recipe. Class topics include budgeting and meal planning, the truth about artificial sweeteners, how to cook an egg, and how to cook a whole bird. In addition to our cooking classes, we are planning a trip to the grocery store and farmer's market in the spring to help Veterans make better choices while still staying on a budget.

As we have received funding for only the first year, demonstrating patient outcomes is vital for continuation of our project. We are collecting anthropometric measurements, and utilizing a food frequency questionnaire and a self-efficacy scale to help demonstrate Veterans participating in our program are cooking more at home and making healthier food selections. An institutional review board submission is in the process to hopefully be able to publish our success and support funding of future projects whose intent is to provide Veteran-centric care. For more information please contact Patricia Prince-Griffin and Jackie Roos.

Submitted by Patricia Prince-Griffin
VAMC Memphis

Cooking Her Way into Veteran's Hearts

Have you ever wanted to be a celebrity chef? Well Mrs. Kimberly Thompson, MS, RD, LDN with the Memphis VA, experienced the feeling for real on February 11, 2011 when she prepared a special meal for the Veterans for lunch. As part of a new program at the Memphis VA, employees and outside chefs are being offered the opportunity to come into the facility and cook a meal for the inpatient veterans. These wonderful volunteers are allowed to make their own menu, work with nutrition & food service staff to order what they will need, and work with current culinary staff to make the meals.

According to Ms. Catherine Austin MS, RD, LDN, FADA, chief of Nutrition & Food Services for the Memphis VA, this program is designed in an effort to bring in more ideas for menu planning as well as improve patient satisfaction in food taste and appearance. By bringing in trained chefs, the culinary staff can achieve a higher quality of food presentation through new food trends, an increased variety of foods, and more scratch cooking techniques.

How does the culinary staff feel about the program? Well two of the cooks at the Memphis VA have also participated in the program with well received compliments from the patients during those months they participated. As a result, recipes are being slightly modified to better meet nutritional requirements while maintaining flavor and added on to the four week cycle menu. The staff is innovative and open to change and willing to give their own ideas to what Veterans may like to eat.

So what did the patients eat on Friday: Pork Schnitzel with lemon wedge, Italian Herb Roasted Redskins, and Haricot Verts with Crimini Mushrooms and Shallots. What better way to motivate your employees and improve patient satisfaction than through a program like the Chef of the Month.

Submitted by Kimberly Thompson, Dietitian
VAMC Memphis



Kudos.....

Kelli Horton MPH, RD, CNSD has won the 2011 California Dietetics Association award for Excellence in Clinical Dietetics. Kelli transferred from the Greater LA VA to the Salt Lake City VA in September of 2010.

Kristy Rogers MS, RD, LD, CNSD was awarded the Texas Dietetic Association Recognized Young Dietitian of the Year 2011.

Mary Catherine Schallert, MS, RD, LDN, CNSD was selected Tennessee's Recognized Young Dietitian of the Year. She is the Nutrition Support Team Dietitian at the Memphis VA.

Congratulations!



Nutrition & Food Services Sharepoint

The VA has a valuable tool designed to help dietitians of all areas! Sharepoint is a great way to have pertinent information readily at your fingertips. Whether you want to implement a new process or are in need of assistance, Sharepoint can help.

The information is easy to find and easy to use.

✓ Go to <http://vaww.nutrition.va.gov/> :

Click on the Nutrition and Food Service Sharepoint button or the Nutrition Support Sharepoint button (bottom right hand corner) under Resources

Items on Sharepoint include a discussion board, documents, lists, etc. Areas are aimed to assist dietitians in all areas: MOVE!, Outpatient Nutrition, Clinical Nutrition, Nutrition Support, Food Service, HBPC, CLC, ADPAC, etc.

If you need access send an email message to Aaron Grobengieser and Linda Baldwin [requesting access to NFS SharePoint](#). You will receive a message with instructions when you have been added to the site. Allow 5-10 days for access.

Next deadline for article submission:

May 1, 2011

Please submit articles to:

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and

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